AMENDMENTS TO THE CLAIMS

The listing of claims will replace all prior versions and listings of claims in the application:

1. (Currently Amended) In a server system that communicates with a client system associated with a health care provider and is adapted to facilitate processing of an insurance claim, a method of delivering a supporting document to a carrier to enable the carrier to process an insurance claim, the method comprising the acts of:

the server system receiving an insurance claim from the client system prior to adjudication of the insurance claim by a carrier;

the server system identifying a supporting document to be submitted with the insurance claim based on information included in the insurance claim;

transmitting a request to the client system for the server system requesting the supporting document from the client system;

the server system receiving an electronic version of the supporting document associated with the insurance claim at a time of submission of the insurance claim in an electronic format from the client system;

the server system storing the supporting document in a database as an electronic image;

the server system verifying the insurance claim is in condition for transmission to the carrier prior to adjudication of the insurance claim by the carrier;

the server system transmitting the insurance claim to the carrier; and

the server system notifying the carrier that an electronic image of the supporting document is available to enable the carrier to process adjudicate the insurance claim, wherein the carrier can access the electronic image of the supporting document during adjudication of the insurance claim.

2. (Currently Amended) A method as recited in claim 1, further comprising the act of transmitting information to the client system that causes the client

system to prompt a user of the client system to submit the supporting document associated with [[an]] the insurance claim.

- 3. (Currently Amended) A method as recited in claim 1, <u>wherein</u> <u>verifying the insurance claim is acceptable for the carrier further comprises comprising</u> the act of determining whether the insurance claim is eligible for advance payment.
- 4. (Original) A method as recited in claim 3, wherein the act of determining whether the insurance claim is eligible for advance payment comprises:

determining whether the treatment information corresponds to health care services that are approved for payment; and

determining whether the patient is an approved beneficiary of the carrier.

5. (Original) A method as recited in claim 1, further comprising the acts of:

transmitting claim information associated with the insurance claim to a payment entity, wherein, upon receiving the claim information, the payment entity advances advancing money to the client system prior to the carrier making payment on the insurance claim; and

transmitting the insurance claim to the carrier, wherein, the carrier upon receiving the insurance claim, the carrier makes payment on the insurance claim to the payment entity, thereby paying for the money advanced to the client system.

6 (Original) A method as recited in claim 1, wherein the act of notifying the carrier comprises the act of delivering a copy of the electronic image of the supporting document to the carrier.

- 7. (Original) A method as recited in claim 1, wherein the act of notifying the carrier comprises the act of delivering an access credential to the carrier, the access credential being patient specific.
- 8. (Original) A method as recited in claim 7, wherein the access credential is unique to the carrier.
- 9. (Original) A method as recited in claim 7, wherein the access credential is specific for the combination of the carrier, the insurance claim, and an institutional health care provider associated with the client system.
- 10. (Original) A method as recited in claim 1, further comprising the act of, upon receiving a request from the carrier, displaying the electronic image of the supporting document to the carrier.
- 11. (Previously Presented) A method as recited in claim 1, further comprising the act of transmitting a request for an electronic version of the supporting document to the client system, wherein the electronic version of the supporting document is received by the server system in response to the request.
- 12. (Currently Amended) A method as recited in claim 11, wherein identifying a supporting document to be submitted with the insurance claim further comprises comprising the act of selecting the supporting document based on information including one of a diagnosis code or a treatment code included in the insurance claim, wherein the act of transmitting a request for requesting the electronic version of the supporting document is performed after and in response to the act of selecting the supporting document.

13. (Currently Amended) A method as recited in claim 11, further comprising the act of notifying the client system that the insurance claim is eligible for advance payment, wherein the act of notifying the client system that the insurance claim is eligible for advance payment is conducted prior to the act of transmitting the request for the supporting document.

14. (Currently Amended) In a client system that is associated with an institutional health care provider and communicates with a server system adapted to facilitate processing of an insurance claim, a method of providing a supporting document to the server system to enable a carrier associated with the insurance claim to process an insurance claim, the method comprising the acts of:

receiving, at the client system associated with the institutional health care provider, patient information, insurance information, and treatment information entered into a computer-displayable claim form displayed by the client system;

the client system transmitting an insurance claim that includes the patient information, insurance information, and treatment information from the client system to the remote server computer using computer-displayable the claim form;

the client system identifying, by the client system, a supporting document that is required to process the insurance claim while displaying the claim form;

the client system converting the supporting document into an electronic format; and

the client system transmitting the supporting document in the electronic format from the client system:

the client system receiving verification that the insurance claim is in condition for advance payment; and

the client system receiving a first portion of an advance payment for the insurance claim in a first account, wherein a second portion is credited to a second account that is not accessible to the institutional health care provider until debited at least for service fees by an entity that advanced payment to the client system.

15. (Original) A method as recited in claim 14, wherein the act of identifying comprises receiving a request for the supporting document from the server system.

16. (Original) A method as recited in claim 14, further comprising the act of

displaying a prompt to a medical technician using the client system, the prompt

specifying the support document to be delivered to server system.

17. (Original) A method as recited in claim 14, further comprising the act of

receiving data from a scanner associated with the client system, wherein the data from

the scanner represents the supporting document in the electronic format and is received

in response to a paper copy of the document being scanned by the scanner.

18. (Original) A method as recited in claim 14, further comprising the act of

receiving notification from the server system that the insurance claim is eligible for

advance payment.

19. (Original) A method as recited in claim 14, wherein the act of

transmitting the supporting document is conducted such that the carrier can process the

insurance claim without any supporting documents being sent by mail.

20. (Original) A method as recited in claim 19, wherein the act of

transmitting the supporting document is conducted such that the server system is

capable of making an electronic image of the supporting document available to the

carrier.

21. (Currently Amended) In a computer system associated with a carrier that processes insurance claims, wherein the computer system is capable of communicating with a server system of a payment entity, a method of processing an insurance claim comprising the acts of:

the computer system receiving an insurance claim associated with a health care provider in an electronic format from a payment entity, the insurance claim associated with a health care provider wherein the payment entity made a fund distribution request to a financial entity such that a first portion of an advance payment is accessible to the health care provider and a second portion of the advance payment is not accessible to the health care provider;

the computer system receiving a notice indicating the accessibility of an electronic image of a supporting document associated with the insurance claim;

the computer system accessing the electronic image of the supporting document, the electronic image stored on a server system of the payment entity;

the computer system displaying the electronic image of the supporting document to enable the carrier to process the insurance claim; and

the computer system adjudicating the insurance claim based on information in the insurance claims and in the electronic image of the supporting document; and

the computer system making payment on the insurance claim to [[a]] the payment entity that advanced payment on the insurance claim to a health care provider, wherein the payment entity debits the second portion for at least one of service fees, interest on any unpaid balances or unpaid balances and then credits a remaining part of the second portion to the health care provider.

22. (Currently Amended) A method as recited in claim 21, further comprising the act of receiving a credential from the server system that enables the computer system to access the electronic image.

- 23. (Original) A method as recited in claim 22, wherein the credential comprises a username and a password.
- 24. (Original) A method as recited in claim 23, wherein the credential is specific to at least one of a patient associated with the insurance claim, the carrier, and an institutional health care provider associated with the client system.
- 25. (Currently Amended) A method as recited in claim 21, further comprising the act of requesting the electronic image of the supporting document from the server system of the payment entity. the client computer.
- 26. (Original) A method as recited in claim 25, wherein the act of requesting the electronic image comprises communicating via the Internet with a computer associated with the server system that stores the electronic image.